

NCHS Data on Older Adult Health

About NCHS

The CDC's National Center for Health Statistics (NCHS) is the nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions.

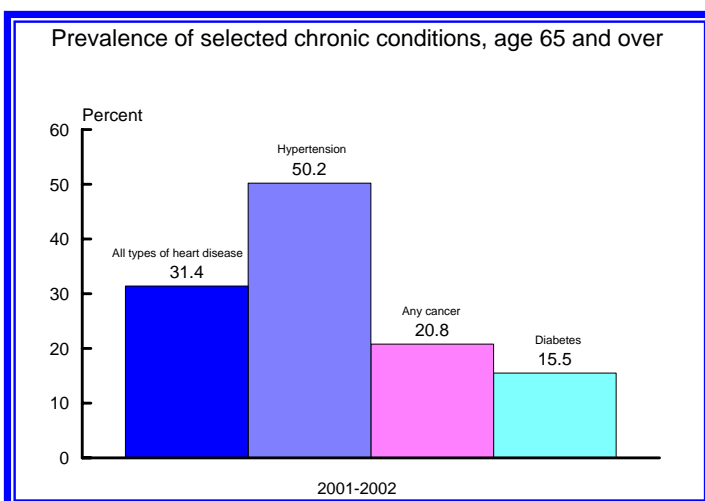
Collaborating with other public and private health partners, NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides a broad perspective to help us understand the population's health, influences on health, and health outcomes.

NCHS Data on Older Adults

Hypertension

The National Health Interview Survey asked respondents if they had ever been told by a doctor or other health professional that they had various chronic conditions.

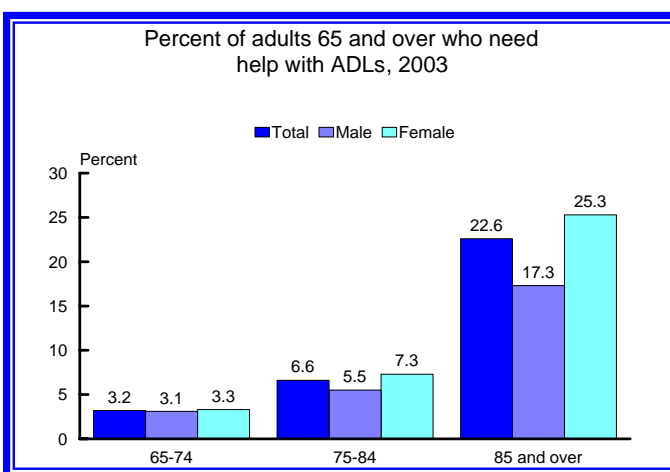
- A total of 50.2 percent of respondents 65 years of age and over reported they had been diagnosed by their doctor with hypertension, 20.8 with cancer, and 15.5 percent with diabetes.



Source: National Health Interview Survey (NHIS), 2001-2002
Note: NHIS defines prevalence as a condition that has been diagnosed by a physician or health professional.

Activity limitation

The ability to function independently is crucial for older adults. Illness, frailty, sensory and cognitive loss can make it difficult, if not impossible, for seniors to get dressed, bathe, drive, or walk to the store without assistance, thereby compromising independence. Activities like eating, bathing, dressing or getting around inside the home are referred to as activities of daily living (ADLs).



Source: National Health Interview Survey, 2003

- Adults 85 years of age and over were more than seven times as likely as adults 65-74 years of age to need help from other people with ADLs (22.6 percent vs. 3.2 percent).
- For adults 85 years of age and older, the percent of women who needed help with ADLs was higher than for men.

Nursing homes

In 1999, 1.6 million people aged 65 and older lived in a nursing home. As age increases, so does the likelihood of nursing home residency. For those aged 65 to 74, approximately 11 per 1,000 people lived in nursing homes, compared to 43 per 1,000 for those aged 75-84, and 182 per 1,000 for those aged 85 and over.

Nursing homes (cont.)

A higher proportion of women than men lived in nursing homes; 49.8 per 1,000 women age 65 and over lived in a nursing home compared to 30.6 men per 1,000.

In 1985, elderly blacks were underrepresented in nursing homes compared to elderly whites (35 compared to 48 per 1,000). By 1995, this disparity had disappeared and by 1997, the residency rate among elderly blacks was significantly higher than for elderly whites (49 compared with 43 per 1000 elderly whites). This trend continued through 1999.

Falls

In 2002, falls were the leading cause of injury death among persons 65 years and over. In 2002, 12,961 people age 65 and over died as a result of a fall. Falls were the leading cause of unintentional injury deaths among those aged 75-84 years and 85 years and over. Falls were the second leading cause of unintentional injury deaths among those aged 65-74 years.

Falls were also a major cause of non-fatal injuries and in 2002, over a quarter of injury hospitalizations were due to falls.

Other data on older adults:

- In 2003, 38.7 percent of persons 65 years of age and older reported they were in excellent or very good health.
- In 2003, 9 percent of people 60 years of age and older were current smokers.
- Life expectancy at age 65 increased from 16.4 years in 1980 to 18.2 years in 2002.
- In 2002, older Americans had the highest rate of visits to emergency departments with about 57.6 visits for every 100 persons 75 years of age and older (compared to 38.9 visits per 100 for people of all ages).
- In 2002, 2.4 percent of emergency department visits were made by patients residing in a nursing home or other institution.
- In 1999-2002, 68 percent of women and 74 percent of men 60 years of age and older were overweight or obese.

Older Adults Data Sources

NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. They include:

- **Trends in Health and Aging Data Warehouse** (<http://www.cdc.gov/nchs/agingact.htm>)
- **National Vital Statistics System** - collects information from birth and death certificates in all 50 states and the District of Columbia, including detailed race/ethnicity characteristics. Because all births and deaths are part of this database, it provides the detail needed for research on differentials. (<http://www.cdc.gov/nchs/nvss.htm>)
- **National Health Interview Survey (NHIS)** – collects information on the nation’s health status through confidential household interviews that measure: health status and disability, insurance coverage, access to care, use of health services, immunizations, health behaviors, injury, and the ability to perform daily activities. The large sample size of the NHIS, combined with detailed categories on race/ethnicity collected, make the NHIS a valuable source of data on differentials. (<http://www.cdc.gov/nchs/nhis.htm>)
- **National Health Care Survey** – a family of health care provider surveys, family of health care provider surveys, obtaining information about the facilities that supply health care, the services rendered, and the characteristics of the patients served. NHCS surveys hospitals, office-based physician practices, emergency and outpatient departments, ambulatory surgery centers, nursing homes, and home health and hospice agencies to learn about the characteristics of patients, their diagnoses, and the surgical and medical treatments provided. These surveys provide a picture of how the delivery system works, and provide an opportunity to learn about patients, their illnesses, and treatments. (<http://www.cdc.gov/nchs/nhcs.htm>)
- **National Health and Nutrition Examination Survey (NHANES)** – collects information about the health and diet of people in the United States. NHANES is unique in that it combines a home interview with health tests that are conducted in a Mobile Examination Center. NHANES is able to directly measure conditions where there are large race/ethnicity differentials such as diabetes, and to provide reliable information on health conditions regardless of whether the survey respondent is aware of them. (<http://www.cdc.gov/nchs/nhanes.htm>)